

# SUMMARY FORM

## COLLECTIVE BARGAINING AGREEMENT PUBLIC SECTOR / NON-POLICE & NON-FIRE

### Section I: Agreement Details

Public Employer: Hamburg Board of Education County: Sussex  
 Employee Organization: Hamburg Education Association Employees in Unit: \_\_\_\_\_  
 Base Year Contract Term: 7/1/2015 6/30/2018 New Contract Term 7/1/2015 6/30/2018  
 Type of Settlement: ☐ Mediated Settlement ☐ Fact-Finder Recommendation ☒ Voluntary Settlement ☐ Super Conciliation

	Column A Base Year - Total Costs (Last Year of Previous agreement)	Column B New Base Year - Total Costs (First Year of Successor agreement)
<b>Section II: Economic</b>		
Item 1 ..... <u>Salary</u>	\$2,181,577	\$2,247,025
Item 2 ..... <u>Increment</u>		
Item 3 ..... <u>Longevity</u>	\$22,900	\$20,100
Item 4 ..... _____		
Item 5 ..... _____		
Item 6 ..... _____		
Item 7 ..... _____		
Item 8 ..... _____		
Item 9 ..... _____		
Item 10 ..... _____		
Item 11 ..... _____		
Item 12 ..... _____		
Any additional items list on separate sheet Additional Items		
<b>Section III: Totals</b> - Sum of costs in each column	\$2,204,477 (Total)	\$2,267,125 (Total)

### Section IV: Analysis of new successor agreement

### NEW AGREEMENT ANALYSIS

Total Base Year (previous agreement)	\$2,204,477				
Effective Date (m/d/yyyy)	7/1/2015	7/1/2016	7/1/2017		
Percent Increase .....	3%	2.25%	2.25%		
Total cost of increase ..	\$65,507	\$50,626	\$51,640		
Total base salary (successor agreement) .....	\$2,247,025	\$2,297,583	\$2,349,278		

### Section V: Impact of Settlement - average annual increase over term of agreement

Percentage Impact (average per year over term of agreement) 2.50  
 Dollar Impact (average per year over term of agreement) \$55,924.00

### Section VI

#### Health Insurance (Indicate costs associated on each line)

	Base Year	Year 1				
Cost of Health Plan .....	\$539,474	\$531,516				
Employee Contributions .....	\$81,103	\$110,244				
Prescription .....						
Dental .....						
Vision .....						

The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.

### Section VII

Prepared by: William J. Sabo Title: Business Administrator/Board Secretary  
 Signature: [Signature] Date: 9/1/2015